



Arkansas State Board of Pharmacy
101 East Capitol, Suite 218
Little Rock, AR 72201
501-682-0190 Fax 501-682-0195
www.arkansas.gov/asbp

Odd Year Application Fee: \$70
Expires 12/31 of next even numbered year
Even Year Application Fee: \$35
Expires 12/31 of the current year

Nursing Home Consultant Pharmacist Application

PART I: CONSULTANT PHARMACIST INFORMATION:

Pharmacist Name:		
Pharmacist Address:		
Pharmacist City:	Pharmacist State:	Pharmacist Zip:
PD license number : PD	Daytime Telephone Number: ()	
Email address:		
Are you currently licensed as a Consultant Pharmacist? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you answered NO to this question, you will need to pass the Nursing Home Consultant Examination. If you answered YES, you will need to submit 3 hours of additional CE specifically related to nursing home consultation.		
Are you applying for a Consultant Pharmacist At-Large license? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you answered YES, do not complete Part II – Facility Information		

PART II: FACILITY INFORMATION:

Facility Name:	
Physical Address:	
City:	State: Zip:
Mailing Address (If different from physical address above):	
City:	State: Zip:
Facility Phone Number: ()	Facility Fax Number: ()
Facility Representative (Contact regarding this application)	
Email address of Facility Representative	
Administrator's Name:	
Administrator's Registration Number:	Number of Licensed Beds:
Type of Ownership (check one):	Type of Facility (check one):
Sole Proprietorship: <input type="checkbox"/>	Nursing Facility (NF): <input type="checkbox"/>
General Partnership: <input type="checkbox"/>	Skilled Nursing Facility (SNF): <input type="checkbox"/>
Limited Partnership: <input type="checkbox"/>	Nursing Facility/Skilled Nursing Facility (NF/SNF): <input type="checkbox"/>
LLC: <input type="checkbox"/>	Intermediate Care Facility for the Mentally Retarded (ICF): <input type="checkbox"/>
LLP: <input type="checkbox"/>	ICF/MR10: <input type="checkbox"/>
Corporation: <input type="checkbox"/>	
Does your facility have a written "Policy and Procedures Manual of Pharmaceutical Services"? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Signature of Consultant Pharmacist

Date

Please make your check or money order payable to the **Arkansas State Board of Pharmacy.**